

REMARKS

Claims 1-4, 7, 8, 11, 13-21, 23, 26 and 27 are amended to more clearly recite the invention.

Claim 5 was previously cancelled.

Support for the amendments is found in the application on page 8, lines 8-18, Figure 1 and other places. Applicant respectfully submits that no new matter is added by these amendments.

I. Rejection of Claims 26-27 under 35 U.S.C. 101

Claims 26 and 27 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

Claims 26 and 27 have been amended as recommended in the Rejection to recite in the claim body a device for carrying out the method. As such, it is respectfully requested that the rejection of claims 26 and 27 be withdrawn.

II. Rejection of Claims 1-4, 6, 7, 9-17 and 26 under 35 U.S.C. 103(a)

Claims 1-4, 6, 7, 9-17 and 26 are rejected under 35 U.S.C. 103(a) as being unpatentable over US Patent Application 2004/0167835 Yaur in view of US Patent Application 2003/0195771 Fitzgerald et al.

Amended claim 1 recites a “financial management system enabling a patient to access and maintain healthcare records concerning encounters of said patient with a healthcare provider organization, said encounters comprising interactions of said patient with said healthcare provider organization having a financial consequence” comprising “an acquisition processor conditioned for receiving, via electronic communication from a healthcare provider organization, information related to at least one healthcare encounter of said patient and including data identifying a healthcare service of said at least one healthcare encounter” a “storage processor conditioned for storing the received healthcare encounter information” a “data processor conditioned for retrieving and processing received healthcare encounter information to provide data representing at least one record indicating a history of encounters

of said patient with said healthcare provider organization, and at least one of, (a) automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response instruction entered by said patient, and (b) terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to command by said patient” and an “output processor for processing said data representing said at least one record for output in response to command by said patient”. For the reasons presented below, Applicant respectfully submits that Yaur with Fitzgerald fails to disclose or suggest the features of amended claim 1.

Yaur describes a system that creates records for identifying items supporting tax determination. The system includes an input processor for receiving information identifying a service provided to a specific entity and to be at least partially paid for by the specific entity. A data processor automatically identifies the type of service identified in the received information and allocates a predetermined tax related identification code to the service based on the service type and incorporates the allocated code, together with information identifying the service, in data representing a record (See Abstract).

Fitzgerald describes a claim data processing system used by a healthcare provider (e.g., a hospital) that initiates clinical events and attains early accurate claim data during a patient healthcare encounter cycle to support prompt claim data validation and editing both for individual claim elements and for a completed claim to improve claim accuracy prior to claim submission to a payer. The system submits accurate claims to payers and receives remittance advice from payers and applies rules to the advice. A system processes financial data related to provision of healthcare to a patient in response to clinical events (Abstract).

As recognized in the Rejection on page 4 line 3, Yaur fails to show or suggest “a “data processor” for “at least one of, (a) automatically initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response instruction entered by said patient, and (b) terminating an automatically initiated payment for said healthcare service of said at least one healthcare encounter in response to command by said patient”. The claimed system advantageously enables a **patient** to have access and **control over payment** for individual services provided during an encounter with a healthcare provider organization. The **patient** is able to “automatically” initiate “payment for said healthcare service” and terminate “an “automatically initiated payment”. In contrast, Fitzgerald in para. 0027 relied on describes functions employed by a healthcare provider organization (“Rules 521-530 in FIG. 6 are employed by unit 46 to automatically initiate

payment collection to pursue monies owed by insurance payers or other responsible parties”). Payment collection to pursue monies owed by insurance payers or other responsible parties is performed by a hospital or other healthcare provider organization NOT a patient. Unit 46 is employed by a healthcare provider organization and these functions are NOT permitted to a **patient**. A patient in the Fitzgerald system accesses the system via consumer portal 24 (Figure 1). Consumer portal 24 only allows access, for example, to view claim data in repository 68 (Figure 1) (“A variety of portals 20-28 in the FIG. 1 system are controlled and administered by interface 10 to provide claim data access to patients, payers, providers, employers and government agencies”, para.0021 and “Further, claim data repository 68 is searchable by participants 30 via external portals 20-28 using data search criteria created using search pattern design function 38. Thereby a user may search for statistically significant data patterns and other data patterns in analyzing the claim data in repository 68”, para. 0044). There is no enabling disclosure or any disclosure at all in Fitzgerald (with Yaur) of a “data processor” for “at least one of, (a) automatically **initiating payment** for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response instruction entered **by said patient**, and (b) **terminating** an automatically initiated **payment** for said healthcare service of said at least one healthcare encounter in response to command **by said patient**”. Consequently, applicant respectfully submits that the rejection to amended claim 1 be withdrawn.

Claim 2 is dependent on claim 1 and recites “a personal healthcare accounting controller comprising an automated interface between a healthcare provider organization information system and said acquisition processor electronically communicating provider information to the acquisition processor and conveying payment information from the financial management system back to the accounting controller and managing the subscription of healthcare provider organizations and patients to the financial management system wherein said data processor processes said received healthcare encounter information to provide data representing at least one of, (a) a record collating encounter information for encounters subject to similar taxation treatment, (b) a record collating encounter information for encounters subject to reimbursement under a particular reimbursement plan, and (c) a record collating encounter information for encounters to be paid for by said individual user”. Yaur with Fitzgerald fails to show or suggest “a personal healthcare accounting controller comprising an automated interface between a healthcare provider organization information system and said acquisition processor electronically communicating provider information to the acquisition processor and conveying payment information from the financial management system back to

the accounting controller and **managing the subscription** of healthcare provider **organizations and patients** to the financial management system”.

Claim 3 is deemed to be patentable based on its dependence on claims 1 and 2 and because of the additional feature combination it represents.

Claim 4 is dependent on claim 1 and is considered patentable for the reasons presented above regarding claim 1.

Claims 6, 7, and 9-17 are dependent on claim 1 and are considered patentable for the reasons presented above regarding claim 1. Consequently, it is respectfully submitted that the rejection to claims 6, 7, and 9-17 be withdrawn.

Independent amended claim 26 is a method claim corresponding to apparatus claim 1. Claim 26 is considered patentable for reasons presented above regarding claims 1 and 2. Claim 26 is further considered to be patentable because Yaur with Fitzgerald fail to show or suggest “managing the subscription of healthcare provider organizations and patients to allow patient payment initiation and termination”. Consequently, it is respectfully submitted that the rejection to claim 26 be withdrawn.

III. Rejection of Claim 8 under 35 U.S.C. 103(a)

Claim 8 is rejected under 35 U.S.C. 103(a) as being unpatentable over US Patent Application 2004/0167835 Yaur in view of US Patent Application 2003/0195771 Fitzgerald et al and further in view of US Patent 6,208,973 – Boyer et al.

Amended claim 8 is deemed patentable based on its dependence on claims 1 and 7. Claim 8 recites “said communication processor establishes communication with said information system of said healthcare provider organization for acquiring said information related to said at least one healthcare encounter of said patient in response to at least one of, (a) a command of said patient, (b) predetermined computerized instruction initiated by said patient to establish repetitive intermittent communication, and said communication processor provides, to said information system, identification information of said patient together with at least one of, (i) a password of said patient and (ii) information identifying said authorization of said patient to access said information system”. As recognized in the Rejection on page 10 Yaur and Fitzgerald fail to show or suggest such features. However, contrary to the Rejection

statements, Yaur with Fitzgerald and Boyer also fails to show or suggest a “communication processor establishes communication with said information system of said healthcare provider organization for acquiring said information related to said at least one healthcare encounter of said patient in response to at least one of, (a) a command of **said patient**, (b) predetermined computerized instruction initiated by **said patient** to establish repetitive intermittent communication, and said communication processor provides, to said information system, identification information of said patient together with at least one of, (i) a password of **said patient** and (ii) information identifying said authorization of **said patient** to access said information system”. Boyer in column 15 lines 19-34, and Figures 8a-8c relied on is discussing healthcare provider organization capabilities and NOT **patient** access and capabilities (“The healthcare provider 12 may also be validated by providing an ID and password from the healthcare provider 12”, column 12 lines 29-31 Boyer).

Yaur with Fitzgerald and Boyer fails to suggest a “data processor” for “at least one of, (a) automatically **initiating payment** for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response instruction entered by **said patient**, and (b) **terminating** an automatically initiated **payment** for said healthcare service of said at least one healthcare encounter in response to command by **said patient**”. Consequently, applicant respectfully submits that the rejection of amended claim 8 be withdrawn.

IV. Rejection of Claims 18-22 and 24 under 35 U.S.C. 103(a)

Claims 18-22 and 24 are rejected under 35 U.S.C. 103(a) as being unpatentable over US Patent Application 2004/0167835 Yaur in view of US Patent Application 2003/0195771 Fitzgerald et al and further in view of US Patent 6,208,973 Boyer et al.

Amended independent claim 18 recites a “financial management system for use by a healthcare provider organization supporting patient access to healthcare records concerning encounters of an individual patient with a healthcare provider organization, said encounters comprising interactions of said individual patient with said healthcare provider organization having a financial consequence, comprising: an interface processor for receiving patient identification and authorization information for identifying authorization of said patient to access the healthcare encounter information of said patient; a data processor for, retrieving said healthcare encounter information of an authorized patient from storage and including data identifying a healthcare service of said healthcare encounter, and formatting said retrieved healthcare encounter information and data identifying a healthcare service of said healthcare

encounter of said patient for communication to a patient communication address, and at least one of, (a) initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to instruction entered by said patient, and (b) terminating payment for said healthcare service of said at least one healthcare encounter in response to patient command; a personal healthcare accounting controller for managing the subscription of healthcare provider organizations and patients to allow patient payment initiation and termination; and a communication processor for communicating said formatted healthcare encounter information to said patient communication address”.

Amended independent claim 18 is considered to be patentable for reasons given in connection with claims 1 and 2. Further, Yaur with Fitzgerald fails to show or suggest “a personal healthcare accounting controller for managing the **subscription** of healthcare provider **organizations and patients** to allow patient **payment initiation** and **termination**”. Therefore, it is respectfully requested that the 35 U.S.C. 103(a) rejection of claim 18 be withdrawn.

Claims 19-22, and 24 are dependent on claim 18 and are considered patentable for the reasons presented above regarding claim 18. Consequently, it is respectfully submitted that the rejection to claims 19-22, and 24 be withdrawn.

VI. Rejection of Claim 27 under 35 U.S.C. 103(a)

Claim 27 is rejected under 35 U.S.C. 103(a) as being unpatentable over US Patent Application 2004/0167835 Yaur in view of US Patent Application 2003/0195771 Fitzgerald et al and further in view of US Patent Application 2002/0161641 – Quinlan et al.

Amended independent claim 27 is a method claim including features similar to those of claim 18 and is considered patentable for the reasons presented above regarding claims 1, 2 and 18. As recognized in the Rejection on page 10 Yaur and Fitzgerald fail to show or suggest enabling a patient to terminate a payment. However, contrary to the Rejection statements, Yaur with Fitzgerald and Quinlan also fails to show or suggest “at least one of, (a) initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to instruction entered by said patient, and (b) terminating payment for said healthcare service of said at least one healthcare encounter in response to command by said patient”. Quinlan in para. 0098 relied on is discussing a system

for electronically redeeming product marketing rebates and enabling a “customer service representative” to issue rebate checks or terminate payment (“Having consumer information readily available also allows for a customer service representative to, for example, easily issue new rebate checks or adjustment checks ...the bank's processing system 320 may also be used to automatically issue stop-payments for certain check numbers that have been flagged”, Quinlan para. 0098). Quinlan with Yaur and Fitzgerald does NOT suggest “at least one of, (a) initiating payment for said healthcare service of said at least one healthcare encounter indicated by the encounter history information in response to instruction entered by **said patient**, and (b) terminating payment for said healthcare service of said at least one healthcare encounter in response to command **by said patient**”. A customer service representative, if analogous to anything, is analogous to a healthcare provider organization worker and NOT a patient.

Also, Yaur with Fitzgerald and Quinlan fails to suggest “managing the subscription of healthcare provider organizations and patients to allow patient payment initiation and termination”. Consequently, applicant respectfully submits that the rejection of amended claim 27 be withdrawn.

VII. Rejection of Claims 23 and 2 under 35 U.S.C. 103(a)

Claims 23 and 25 are rejected under 35 U.S.C. 103(a) as being unpatentable over US Patent Application 2004/0167835 Yaur in view of US Patent 6,208,973 Boyer et al. and further in view of Official Notice.

Claim 23 is dependent on claim 18 and is considered patentable for the reasons presented above regarding claim 18. Further, Yaur with Boyer and Official Notice fails to show or suggest “a personal healthcare accounting controller for managing the **subscription** of healthcare provider **organizations and patients** to allow patient **payment initiation** and **termination**”. Therefore, it is respectfully requested that the 35 U.S.C. 103(a) rejection of claim 23 be withdrawn.

Claim 25 is dependent on claim 18 and is considered patentable for the reasons presented above regarding claim 18. Consequently, it is respectfully requested that the rejection of claims 23 and 25 be withdrawn.

Consequently, Applicant submits claims 1-4 and 6-27 are patentable and withdrawal of their Rejection is respectfully requested.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

Respectfully submitted,



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